

042000724
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form 2 - Generator Inspection

1. General Information:



(A) Installation Name: CARSTAB CORP.
(B) Street: WEST ST
(C) City: CINN. (D) State: OH (E) Zip Code: 45215
(F) Phone: 513-554-1534 (G) County: HAMILTON
(H) Operator: Ralph Burns, Pres
(I) Street: Same
(J) City: _____ (K) State: _____ (L) Zip Code: _____
(M) Phone: _____ (N) County: _____
(O) Owner: Morol Corp
(P) Street: PO Box 1000
(Q) City: Newtown (R) State: Penn (S) Zip Code: 18940
(T) Phone: 215-968-5911 (U) County: _____
____ Federal _____ Municipal ☒ Private
(V) Type of Ownership: _____ State _____ County
(W) Date of Inspection: 5/3/81 Time of Inspection (From) _____ (To) _____
(X) Weather Conditions: _____

Person(s) Interviewed

Title

Telephone

(Z) Inspection Participants

Title

Telephone

II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

(A) _____ Transporter (Form 3)

(B) ☒ Chemical, Physical and
Biological Treatment (Form 4)

(C) ☒ Storage (Form 5)

(D) _____ Landfill (Form 6)

(E) _____ Incineration (Form 7)

(F) _____ Thermal Treatment (Form 7)

(G) Comments: _____

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

III. MANIFEST

	Yes	No	Not Inspected	See Remark Number
(A) Are copies of the Manifest available?	<input checked="" type="checkbox"/>			
(B) Does the Manifest contain the following information:				
1. Manifest document number?	<input checked="" type="checkbox"/>			
2. Name, mailing address, telephone number, and EPA ID Number of Generator?	<input checked="" type="checkbox"/>			
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>			
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>			
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>			
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>			
7. Required Certification?	<input checked="" type="checkbox"/>			
8. Required Signatures?	<input checked="" type="checkbox"/>			
(C) Does the Owner or Operator Submit Exception Reports when Needed?				N/A

IV. PRE-TRANSPORT REQUIREMENTS

(A) Is Generator Packaging waste in accordance with DOT Regulations?	<input checked="" type="checkbox"/>			
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials?	<input checked="" type="checkbox"/>			
(C) If required, are placards available to transporter?	<input checked="" type="checkbox"/>			

Yes

No

Not
InspectedSee Remark
Number

(D) Pre-shipment Accumulation:

1. Are containers marked with start of accumulation date?
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line)?
4. Are wastes stored in tanks managed according to the following:
 - a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?
 - b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?
 - c. Do continuous feed systems have a waste-feed cutoff?
 - d. Are required daily and weekly inspections done?
 - e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements?)
 - f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply)

_____	✓	_____	_____
_____	✓	_____	_____
✓	_____	_____	_____
_____	_____	_____	_____
✓	_____	_____	_____
_____	_____	_____	NA
_____	_____	_____	NA
✓	_____	_____	_____
_____	✓	_____	(14)
✓	_____	_____	_____

5. If hazardous wastes accumulate on site, does the generator follow the following general facility standards? _____

(15)

A. Do Personnel training records include:

1. Job Titles? _____ ✓

2. Description of Training? _____ ✓

3. Records of Training? _____ ✓

Is Personnel Training Completed within the Required Time Frame? _____ ✓

B. Preparedness and Prevention

1. Maintenance and Operation of Facility:

a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? _____ ✓

2. Does the Facility have the following equipment?

a. Alarm system? _____ ✓

b. Telephone or 2-Way Radios? _____ ✓

c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment? _____ ✓

Indicate the volume of water and/or foam available for fire control

Units: WATER 4000 GPM

3. Testing and Maintenance of Emergency Equipment:

a. Has the Owner or Operator established testing and Maintenance Procedures for Emergency Equipment? _____ ✓

b. Is emergency equipment Maintained in Operable Condition? _____ ✓

	Yes	No	Not Inspected	See Remark Number
4. Has Owner/Operator Provided Immediate Access to Internal Alarms (if needed)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is there adequate Aisle Space for unobstructed Movement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are arrangements with local authorities included in the operating record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Contingency Plan and Emergency Procedure				
1. Does the contingency plan contain the following:				
a. The actions facility personnel must take to comply with §264.51 and 261.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §264.37?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Names, addresses, and Phone numbers (office and Home) of all persons qualified to act as emergency coordinator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. A list of all emergency equipment at the facility which include the location and physical description of each item on the list, and a brief outline of its capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Yes

No

Not
InspectedSee Remark
Number

c. Met the Manifest requirements? _____

2. Importing Hazardous Waste,
has the generator:

a. Met the manifest requirements? _____

VII. PREPARER INFORMATIONName: BILL BARRONTitle: HAZARDOUS WASTE SCIENTISTPhone Number: 513-461-4670

REMARKS: ① Waste streams are not individually analyzed, however streams are marked as to process of origin. ② Several leaking drums, due to warm temps. - waste running off into storm drain; leachate runoff from buried lagoons. ③ Inspected regularly, no inspection log. ④ Have verbal comm. with fire dept., nothing in operating record. ⑤ They say no situation of this type has occurred. ⑥ Pool closure plan not required at time of inspection, should address monitoring of ground water and run-off. ⑦ Buried lagoons contribute to extremely high concs. of heavy metals (As), plastic stabilizers, solvents, etc. to be effectively degraded. ⑧ Run-off from lagoons, storage areas. ⑨ no records of ~~discharge~~ waste stream.

	Yes	No	Not Inspected	See Remarks Number
2. Are copies of the Contingency Plan available at site and local Emergency Organizations?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
3. Emergency Coordinator				
a. Is the Facility Emergency Coordinator Identified?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
b. Is Coordinator Familiar with all aspects of site operation and Emergency Procedures?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>✓</u>	<u> </u>	<u> </u>	<u> </u>
4. Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency Procedures listed in §256.56?				
	<u> </u>	<u> </u>	<u> </u>	<u>5</u>

V. RECORDKEEPING

(A) Are Manifests, Annual Reports, Exception Reports, and All Test Results and Analyses Retained for at least three years?

✓

VI. INTERNATIONAL SHIPMENTS

(A) Has the Installation Imported or Exported Hazardous Waste?

 ✓

(If A was answered Yes, then complete one or both of the following)

1. Exporting Hazardous waste, has a generator:
 - a. Notified the Administrator in writing?
 - b. Obtained the Signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form 1 - General Facility StandardsI. General Information:

- (A) Facility Name: CARSTAB CORP.
- (B) Street: WEST ST.
- (C) City: CINN. (D) State: OH (E) Zip Code: 45215
- (F) Phone: 513-554-1554 (G) County: HAMILTON
- Operator: RALPH BINNS, PRES.
- (I) Street: SAME
- (J) City: _____ (K) State: _____ (L) Zip Code: _____
- (M) Phone: _____ (N) County: _____
- (O) Owner: THIOKOL CORP.
- (P) Street: P.O. BOX 1000
- (Q) City: NEWTOWN (R) State: PENN (S) Zip Code: 18940
- (T) Phone: 215-968-5911 (U) County: _____
- (V) Type of Ownership: ☐ Federal ☐ Municipal ☒ Private
☐ State ☐ County
- (W) Date of Inspection: 3/31/81 (Q) Time of Inspection (From) 2:00 (To) 5:00
- (X) Weather Conditions: SUNNY, 75°

Person(s) Interviewed

RAY PHILLIPS-
CARL ADAMS

Title

MAT. MGR.
PLANT ENGR.

Telephone

SAME
"

GLEN SHARP

DIR. IND. ENGR.

"

MIKE RADBETT

TRAF. MAT. HANDLING

"

(Z) Inspection Participants

Title

Telephone

BILL BARROW

HAZARDOUS WASTE
SCIENTIST

513-461-467

II. Description of Site Activity

(A) ☒ Generator (Form 2)

(B) ☐ Transporter (Form 3)

(C) ☒ Chemical, Physical
and Biological Treatment (Form 4)

(D) ☒ Storage (Form 5)

(E) ☐ Landfill (Form 6)

(F) ☐ Incineration (Form 7)

(G) ☒ Land Treatment (Form 4)

(H) ☐ Thermal Treatment (Form 7)

(I) Comments: MANUFACTURE PLASTIC STABILIZERS,
CUTTING FLUIDS, LAND DISPOSAL PRIOR TO
1980

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

Yes

No

Not
Inspected

See Remark
Number

(J) Has this facility
Submitted a Part A
Permit Application?

☒

☐

☐

☐

III. GENERAL FACILITY STANDARDS

Yes

Not
Inspected

See Re
Number

A) Has the Regional Administrator been notified regarding:

1. Receipt of hazardous waste from a foreign source?

2. Transfer of Ownership?

NA

NA

B) General Waste Analysis:

1. Has the owner^{or} operator obtained a detailed chemical and physical analysis of the waste?

2. Does the owner^{or} operator have a detailed waste analysis plan on file at the facility?

3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?

Ⓟ

C) Security - Do security measures include:

1. 24-Hour Surveillance?

2. Artificial or Natural Barrier Around Facility?

3. Controlled Entry?

Danger Sign(s) at Entrance?

D) Do Owner^{or} Operator Inspections Include:

1. Records of Malfunctions?

2. Records of Operator Error?

3. Records of Discharges?

4. Inspection Schedule?

5. Safety, Emergency Equipment?

6. Security Devices?

7. Operating and Structural Devices?

8. Inspection Log?

residual

Yes	No	Not Inspected	See Remark Number
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(E) Do Personnel Training Records Include:

1. Job Titles?

☒

2. Description of Training?

☒

3. Records of Training?

☒

Is Personnel Training Completed within the Required Time Frame?

☒

(F) Are the Following Special Requirements for Ignitable, Reactive, or Incompatible Wastes Addressed?

1. Special Handling?

☒

2. No Smoking Signs?

☒

3. Separation and Confinement?

☒

IV. PREPAREDNESS AND PREVENTION

(A) Maintenance and Operation of Facility:

1. Is there any evidence of fire, Explosion, or release of hazardous waste or hazardous waste constituent?

☒

(2)

(B) Does the Facility have the Following Equipment:

1. Alarm System?

☒

2. Telephone or 2-Way Radios?

☒

3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

☒

Indicate the volume of water and/or foam available for fire control:

Units: WATER - 4000 gpm/min.

	Yes	NO	HOU Inspected	SEC. NUMBER Number
(C) Testing and Maintenance of Emergency Equipment:				
1. Has the Owner or Operator established Testing and Maintenance Procedures for Emergency Equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	③
2. Is Emergency Equipment Maintained in Operable Conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Has Owner ^{or} Operator Provided Immediate Access to Internal Alarms (if needed)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) Is there Adequate Aisle Space for Unobstructed Movement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Arrangements with Local Authorities Included in the Operating Record?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	④

VI. CONTINGENCY PLAN AND EMERGENCY PROCEDURES

(A) Does the Contingency Plan Contain the
Following Information:

1. The actions facility personnel
must take to comply with
§264.51 and 265.56 in response
to fires, explosions, or any
unplanned release of hazardous
waste? (If the owner has a Spill
Prevention, Control, and Counter-
measures (SPCC) Plan, he needs
only to amend that plan to
incorporate hazardous waste
management provisions that are
sufficient to comply with the
requirements of this Part.)
2. Arrangements agreed to by Local
police departments, fire departments
hospitals, contractors, and State
and local emergency response teams
to coordinate emergency services
pursuant to §264.37?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not Inspected	See Remark Number
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes:)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Are copies of Contingency Plan Available at Site and local Emergency Organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is Coordinator Familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency procedures listed in 256.56?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5)

VII. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING

	Yes	No	Not Inspected	See Remark Number
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each Manifest?	✓			
2. Are records of past shipments retained for 3 years?			✓	
(B) Does the owner or operator meet requirements regarding Manifest Discrepancies?			✓	
(C) Operating Record				
Does the facility maintain an operating record at the site as required in §265.73?	✓			
(D) Availability, Retention and Disposition of Records				
Are all records available at the site for inspection as required in §265.74?	✓			

VIII. CLOSURE AND POST CLOSURE

(A) Closure and Post Closure				
1. Closure Plan Available for Inspection by May 19, 1981?	✓			
2. Has this plan been submitted to the Regional Administrator?	✓			
3. Has Closure begun?		✓		
4. Is closure cost estimate available by May 19, 1981?		✓		
(B) Post Closure Care and Use of Property - Has the Owner/Operator supplied a Post Closure Monitoring Plan (by May 19, 1981)?		✓		⑥

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
SUPPLEMENTAL FORM 5 FOR STORAGE FACILITY INSPECTIONS

I. General Information

(A) Facility Name: CARSTAIR CORP.
(B) Street: WEST ST
(C) City: CINCINNATI (D) State: OH (E) ZIP Code: 45215
(F) Date of Inspection: 5-13-54-1554

II. Storage Facility Standards (Part 265)

A. Facilities which store containers of hazardous waste (Subpart I)

	YES	NO	NOT IN- SPECTED	REMARK #
1. Are containers in good condition?	✓			
2. Are containers compatible with waste in them?	✓			
3. Are containers stored closed?	✓			
4. Are containers managed to prevent leaks?				⑦
5. Are containers inspected weekly for leaks and defects?				
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line?	✓			
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	✓			
8. Are containers of incompatible wastes separated or protected from each other physical barriers or sufficient distance?	✓			

B. Facilities which store hazardous waste in tanks (Subpart J)

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	✓			
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?				NA

Continued on next page

	YES	NO	NOT IN- SPECTED	REMARK #
Do continuous feed systems have a waste-feed cutoff?				NA
Are waste analyses done before the tanks are used to store a substantially different waste than before?	✓			
5. Are required daily and weekly inspections done?	✓			
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	✓			
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)				NA

C. Facilities which store hazardous waste in surface impoundments (Subpart K)

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?				
2. Do earthen dikes have protective cover?				
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?				
4. Is the freeboard level inspected at least daily?				
5. Are the dikes inspected weekly for evidence of leaks or deterioration?				
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)				
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)				

D. Facilities which store hazardous waste in waste piles (Subpart L)

1. Are waste piles covered or protected from the wind?				
2. Is each in-coming movement of waste analyzed before being added to the waste pile?				
3. Are leachate, run-off, and run-on controlled? (The effective date of this provision is Nov. 19, 1981.)				
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)				

Continued on next page

	YES	NO	NOT IN- SPECTED	REMARK #
Are piles of reactive or ignitable waste protected?				
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.)				
7. Are piles of incompatible waste protected by barriers or distance from other waste?				

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form 4 - Chemical, Physical and Biological Treatment/Land Treatment

I. General Information

A) Facility Name: CARSTAIRS CORP.
B) Street: WEST ST
C) City: CINN (D) State: OH (E) Zip Code 45215
F) Phone: 513-534-1554 (G) County: HAMILTON

II. Chemical, Physical and Biological
Treatment (Subpart Q)

	Yes	No	Not Inspected	See Remark Number
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure?	✓			
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system)?				NA
Has the owner or operator addressed the waste analysis requirements of 265.402?	✓			
4. Are inspection procedures followed according to 265.403?	✓			
5. Are the special requirements fulfilled for ignitable or reactive wastes?	✓			
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)				NA

III. Land Treatment (Subpart M)

	Yes	No	Not Inspected	See Remark Number
1. Is hazardous waste capable of biological or chemical degradation?		✓		⑧
2. Are run-off and run-on diverted from the facility or collected (Effective date: <u>November 19, 1981</u>)?		✓		⑨
3. Is waste analysis according to 265.273?		✓		⑩
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?				NA
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available?		✓		⑪
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?		✓		⑫
7. Are records kept regarding application dates and rates, quantities, and location of all hazardous waste placed in the facility?		✓		NA
Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes?		✓		
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies.)				⑬

⑬ used to bury reactive incompatible

⑪ ⑫ need post monitoring plan for buried lagoons